Utah Valley Pediatrics
Well-Child Visit Best Practice

Fall Gather & Grow Conference
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UTAH VALLEY PEDIATRICS

Select Health

Utah Valley Pediatrics

Company Overview

- 13 clinic locations
- 34 Physicians
- 32 APCs

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Quality Improvement Staff Structure

- Administrator,
  Director of Operations and
  Quality Coordinator
- Clinic Managers
- Quality Improvement Specialists
- Frontline staff:
  MAs and Receptionists

Quality Improvement Specialist Role

- Track patients on QPP dashboard
- Collaborate with administration and manager for most up-to-date information
- Share rates with providers and staff
- Track processes and identify improvement areas
- Generate and share gaps lists with staff to conduct outreach

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Ongoing Team Education Process

- Provider education on QPP measures
- Root cause analysis
- Appointment scheduling phrasing:
  - **Don't:** "Do you want to schedule your next well check?"
  - **Do:** "Your next appointment will be for the 2-year well check. Does this time of day work best?" or " What day would you like to come in for the 2-year well check?"

Scheduling Process

Patient In-office

- Schedule during check-in rather than during check-out.
- For children under 2 years of age, schedule 2–3 appointments at a time.
- Check well-visit status for patients checking in for acute appointments.

Patient Out of Office

- Proactively work Quality Provider Program patient gaps lists.
- Generate EMR reports to identify patients seen in the previous year who do not have a well-child visit currently scheduled.
- Conduct outreach.

Scheduling Optimization Process

- Contact via text.
- Offer employee bonus for those who find patients in need of well checks and complete the scheduling.
- Have providers communicate next recommended well-visit timeframe during current visit.
- Use online scheduling and EMR flagging features.

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Proactive Gap Closure Process Breakdown

Barriers

- Patients declining proactive scheduling
- Patients who only want to be seen for sick visits
- Allocating time for staff to conduct proactive outreach
- Patients not responding to outreach
- Staff not understanding measure requirements